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ABSTRACT

Interviews with same-sex adult members of three-generation family lines can dramatize similarities and differences by age and generation in ways of thinking and feeling. An analysis of interviews with 157 families examined the health of the grandparent, the happiness of each of the three generational representatives, and family salience. Twelve stem questions designed to elicit free-flowing comments were asked of each family member and responses were rated on specific criteria for happy, neutral, or unhappy appropriate to response. The findings indicated a low incidence of poor health among the grandparents. Parents and their children tended to receive similar affect ratings, although this varied by sex. For the grandparents, poor health was associated with unhappiness, although there was no significant correlation between health of the grandparents and the happiness of their children or grandchildren. There was no evidence for any relation between the health of the oldest generation and family connectedness. Results did not show any relation between health, family salience, and affect, although many of the middle-aged were taking care of aging parents. The results suggest that prevailing long-term affect determines response to events such as illness. (NRB)

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LINEAGE AFFECT SIMILARITY AND HEALTH OF OLDER
FAMILY MEMBERS

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Lineage affect similarity and health of older family members.

Lillian E. Troll^{*}

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Over the past thirteen years, I have asked students to interview adult members of three-generation family lines: if possible, grandmothers, daughters, and granddaughters, or grandfathers, sons, and grandsons. The primary purpose of this exercise is didactic: to dramatize similarities and differences by age and generation in ways of thinking and feeling. I have asked their permission to keep copies of these interview protocols that fit the criteria for same-sex family line. This file has grown steadily over the years and is now close to 200 families, or 600 individuals. Only those protocols that are verbatim transcriptions are included.

Because the respondents are generally representative of the mainstream of the American population, their interviews, which are often as rich and poetic as those of Studs Terkel, lend themselves to coding for many purposes. I have examined them for generational differences in cognitive style, for general values and personality characteristics, for salience of family members for each other, for kinds of fantasy, and degree of conventionality, for achievement orientation, and, most recently, for perceived health, and affect. In the present paper, I deal with three of these variables: health of the grandparent, happiness of each of the three generational representatives, and salience of family. Since the students were expected to locate a family in their own community, or among their own relatives, and since many of them were commuters living at home, they generally had no difficulty finding respondents. Predictably, there are

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* Presented at Annual Meeting of the Gerontological Society, Toronto, November, 1981.

many more female lines than male. In the 157 families analyzed here, only 46 are of men. All interviews used ^{the same} 12 stem questions, designed to elicit "slices of style." When I agreed to participate in this symposium, I was curious whether the hypothesis I had derived from my reading of the families of later life literature would fit these data, which I was just beginning to analyze. I wondered whether the children and grandchildren of sick grandparents would show greater involvement with them than children and grandchildren of healthier grandparents, and if so, whether this greater psychological involvement would be associated with greater unhappiness. The research literature poses a paradox. Older Americans in general have greater life satisfaction, morale, or happiness if they are involved with friends and non-family activities than if their main interactions are with kin. At the same time, most of the care of older family members is provided by kin, particularly children, and more particularly, daughters (Shanas, 1980).

Brody (1982) speaks of the "woman in the middle"--the middle-aged or young-old daughter of aging parents who carries the burdens of both older and younger generations. I (Troll, 1979) have referred to the Cassandra--or worrying--complex of middle-aged women caught not only between generations but between concern for their husband's health and job and their own newly awakened interests in "doing their own thing." We have heard about the stresses and distresses of the middle years from many writers. What we lack is adequate comparative data. Most of our information ^{consists of} responses to survey questions that tap attitudes and values about who should care for aging and ailing family members. Brody notes that, consistent with who actually gives such care (Shanas, 1980), middle-aged daughters believe that they

should and would do so. Their mothers are more likely to recommend outside, paid professional help, though. Whether that reflects doubt in their daughters' caretaking competence, or conformity to cultural values of independence, as Brody suggests, we do not know.

Another generational study, by Victor Marshall, and his associates (1981) in Canada, shows less concern by middle-aged women than might be expected, but also fewer health problems on the part of the old parents.

Questions.

Anecdotally, I have heard many middle-aged women--and some middle-aged men--speak about their distress over their aging, sick parents. I wondered, therefore, whether the free-flowing remarks of the respondents in my 3-generation data would reveal such distress. Specifically, would daughters of sick mothers be as unhappy as their mothers? Would such daughters be more unhappy than sons of sick fathers? And what about the grandchildren? The granddaughters interviewed by Brody showed strong "grand-filial" concern and believed strongly that the family should take care of their grandmothers. Would the grandchildren in my sample be unhappy if their grandparents were sick? Finally, would members of more closely connected families--as measured by their mentioning other family members often--show effects of grandparents' illness more than offspring of less close families?

The kinds of questions asked were, "Tell me about yourself?" "What kinds of people do you admire (or not like)?" "Describe a man (or woman) you know." "If money were no object, where and how would you like to live?" and "What should we do about (specific) national problems facing us today?" These were seen as open-ended invitations for free-flowing comments to be transcribed verbatim. Affect was rated by graduate students in psychology on a 5-point happy/unhappy scale, based on explicit or implicit references to

feelings. This scale was developed by a team of graduate students who worked with me for a year. We set up specific criteria for happy, neutral, or unhappy appropriate to the responses to each of the 12 questions.

Health was rated on a 3-point scale based on mention of physical problems: 0 if no mention of health, 1 if slight reference to it, and 2 if report of serious illness limiting functioning.

Findings.

First, let us consider some of the general findings. For the present purpose, the most important was the low incidence of poor health among the grandparents; only 10 of the 158 stated that she or he could not function as they had or as they wished because of illness. Since the people in question ranged between 50 and 92 years of age, this is noteworthy, though not inconsistent with other findings in the literature such as Marshall's (1981). These illnesses included cardiovascular problems and cancer, diabetes and "general weakness."

Another important finding was that parents and their children tended to get similar affect ratings, although this varied somewhat by sex, as shown in Table 1. The only significant correlation for women is that between the grandmothers and their daughters (.26). The correlation between grandfathers and their sons was not significant, though. The oldest and youngest generations of men and the middle and youngest generations received remarkably similar affect ratings (.45 and .53, respectively). The old women and their daughters shared happiness or unhappiness. The old men did not share happiness or unhappiness with their sons, but rather with their grandsons. Since it would be the old man's wife or daughter who would have the caretaking responsibility for him, it may not be surprising that his son's happiness is not related to his. The surprise is the grandson's similarity to father and grandfather, but not the granddaughter's to mother and grandmother.

The third background finding was that the health of the grandparents was related to their own affect ratings. These two measures correlated .23 for women and .31 for men. Poor health is associated with unhappiness, perhaps more in men than in women. See Table 3.

The fourth background finding was that all dyads showed high connectedness correlations. Where a member of one generation mentioned many other family members, so did the members of the other two generations.

Now, for the first question raised earlier: Will the daughters of sick mothers be more unhappy than the daughters of mothers who reported no physical problems? The answer is, "no." While the grandparents who complained of poor health also showed general negative affect, there is no significant correlation between their health problems and the happiness of either their daughters or sons. In the male lines, in fact, poor health on the part of grandfathers is associated with greater dissimilarity of affect between generations. Apparently grandsons were less likely to share the feelings of sick grandfathers. There was no correlation between the health of the grandparents and the affect of the grandchildren.

Now, what about family salience? This measure of spontaneous indications of family connectedness consisted of the sum of all mentions of family weighted for the specificity of such mentions: whether they used words like "the family" or referred to specific people. In general, older generations tended to refer to family members more than did younger, and these references were more likely to be to younger or same-aged relatives. Younger generations, on the other hand, were more likely to refer to older family members. Women were more likely than men to speak of younger family members. These findings are not surprising. For the grandparents, only, many references to family members was related significantly to negative affect, although we may not want to make much of this since the correlation coefficient, though statistically significant, is only .16. There were no significant sex differences

in the relation between family references and affect. Finally, in answer to the question posed, there is no evidence in these data for any relation between the health of the oldest generation and family connectedness. Families that referred to each other constantly were as likely to include healthy grandparents as unhealthy ones.

Given that I had hoped these findings would support my hypothesis of strain and concern experienced by women in the middle generation faced with the illness and care of their mothers, I was disappointed. I even went back to the original protocols, hoping that they would give me a clue, but the computer printout seemed to represent the spirit of the protocols. Then I examined the ten families in which the oldest member indicated poor health, going over them case by case and variable by variable. There was no way that I could see any relation between health, family salience, and affect, even though many of the middle-aged are indeed taking care of aging parents. Two of the admittedly sick grandmothers were living with a daughter. In one case, the 72-year-old grandmother talked about her diabetes and said, "I no feel too good all the time." The combined affect scores of grandmother, daughter, and granddaughter made this family the most unhappy of all the ten sick cases. The grandmother and her middle-aged daughter both mentioned family members repeatedly in their conversation (15 and 16 times, respectively), although the 23-year old granddaughter only did so five times. In an opposite case, in which the 83-year old grandmother said, "I am getting weaker and weaker," all three family members were rated toward the happy end of the scale, and only the 62-year old daughter mentioned family members often (12 times); her mother had only six mentions and the 27-year old granddaughter, three. It is possible that prevailing long-term affect determines response to events like illness rather than the other way around--crises like illness

determining affect.

Another explanation is possible. The slightly greater unhappiness of the grandparents over the middle generation (see Table 3) suggests that the grandparents may be more unhappy about being a burden to their child than the child feels unhappy about being burdened. This is in accord with Marshall's view. At least in this sample of families, the daughters caring for parents seem to have expected to do so and taken it for granted. While the caring may have constituted a burden and may even have led them to gripe to friends and strangers, it may not have influenced their general feeling tone or pervaded the kinds of thoughts evoked to questions like "Tell me about yourself." Finally, we might note the remarkable lack of connection between adult grandddughters' feelings and those of their elders. It turns out to be the grandsons in this case whose affect correlates with that of their fathers and grandfathers. This curious finding I leave for later attention.

Table 1

Generational correlations in affect, by sex and generation

	Women			Men	
	G1	G2		G1	G2
G2	.26*		G2	.23	
G3	-.06	.12	G3	.45*	.53*

* Significant at .05 level or better

Table 2

Correlations between health of oldest generation and affect, by generation and sex.

	Women	Men
G1	-.19*	-.30*
G2	.15	-.09
G3	.02	-.08

Table 3

Means and standard deviation of average affect by generation and sex^a

	Women		Men	
	Mean	Standard Deviation	Mean	Standard Deviation
G1	3.41	0.35	3.38	0.43
G2	3.49	0.40	3.50	0.40
G3	3.41	0.39	3.50	0.29

^a Higher scores in average affect are "happier"

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